

**NOTICE OF APPEAL FROM THE EXAMINER TO
THE BOARD OF PATENT APPEALS AND INTERFERENCES**

Docket Number (Optional)

PP000338.0105 (2300-0338.02)

I hereby certify that this correspondence is being deposited with the
United States Patent and Trademark Office via EFS
on August 13, 2008

Signature

Michelle Hobson

Typed or printed

name Michelle Hobson

In re Application of
PIZZA et al.

Application Number

10/611,398

Filed

June 30, 2003

For IMMUNOGENIC DETOXIFIED MUTANTS OF
CHOLERA TOXIN

Art Unit

1645

Examiner

J. Graser

Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.

The fee for this Notice of Appeal is (37 CFR 41.20(b)(1))

\$ 510.00

- ☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$ _____
- ☐ A check including the amount of the fee is enclosed.
- ☒ Payment by credit card.
- ☐ The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.
- ☒ The Director is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 18-1648.
- ☒ A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.

WARNING: information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

I am the

- ☐ applicant/inventor.
- ☐ assignee of record of the entire interest.
See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed.
(Form PTO/SB/95)
- ☒ attorney or agent of record.
Registration number 41,411
- ☐ attorney or agent acting under 37 CFR 1.34.
Registration number if acting under 37 CFR 1.34. _____

Signature

Dahna S. Pasternak

Typed or printed name

(650) 493-3400

Telephone number

August 13, 2008

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.